



CITY OF SAN JOSÉ, CALIFORNIA

Building Division Submittal Form

Date: _____ Date: _____
Intake Int: _____ Plan Check Int: _____

Minimum Document Submittal Checklist - Plumbing

Project Name: _____ PC# _____

Project Address: _____

Permit Center Staff will review this checklist as a reference guide prior to plan submittal for completeness check.

Residential: ☐ New ☐ Alteration **Com/Ind:** ☐ New ☐ TI

	Documents Submitted	Documents Required		
Documents	Applicant	Intake		PC
Submittal Form or Building Permit Form Completed		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fee Estimate Worksheet completed		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Site plan		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Scope of Work on Cover Sheet		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Plumbing Fixture Schedule		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Material list for waste, vent, water, gas and condensate piping		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Square footage of the project		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Floor layout with dimensions		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Legend for symbols		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
One line plumbing plans and isometric drawing of waste and vent		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
One line plumbing plans and isometric drawing of water piping		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Calculation for pipe sizing		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Low and high static water pressure		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
One line plumbing plans and isometric drawing of gas piping		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of all gas appliances and associated Btu		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
One line plumbing plans of condensate piping system		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Food and Drinking Establishments		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
County Health Department and San Jose Water Pollution Control Plans		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Approved Spray Booth		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Water supply and backflow protection for any water wash down filter system		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Method of disposal of the waste water		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

To be filled out by Applicant

I understand that an incomplete plan check submittal may result in delays in plan check.

Applicant Name

Signature

Date